

Mod. 3 Critical Thinking and Decision Making

1. **While forming a diagnosis, both the EMT and the emergency physician follow which process?**
 - a. Both know time is of the essence.
 - b. Both are available to multiple patients.
 - c. The resources available are close to the same.
 - d. Treatments are the same.
2. **An EMT's assessment differs from an assessment made in the emergency department in which way?**
 - a. An EMT's focus is on life threats first.
 - b. Time is available in the emergency department to make a diagnosis.
 - c. The EMT is concerned with the scene and personal safety.
 - d. The EMT is working with limited resources.
3. **The process by which an EMT forms a field diagnosis is known as:**
 - a. critical thinking.
 - b. differential thinking.
 - c. clinical thinking.
 - d. diagnostic thinking.
4. **The traditional approach to diagnosis in medicine is patient assessment, list of possible causes, further evaluation, consideration of the results of the evaluation, and which of the following?**
 - a. Narrow the list of causes
 - b. Develop a new list of possible causes
 - c. Form a hypothesis
 - d. None of the above
5. **While an EMT forms a field diagnosis on the scene of an emergency, how do the steps differ from the traditional approach to diagnosis?**
 - a. The EMT forms a field diagnosis within the first few minutes of the call to formulate treatment as quickly as possible.
 - b. Due to the limited time spent with the patient, the EMT must rely on a differential diagnosis.
 - c. The EMT must rule in or out the most serious conditions associated with the patient's presentation.
 - d. The EMT does not have time to form a differential diagnosis and must rely on prior experience when treating a patient.
6. **During your treatment of a patient complaining of crushing chest pain and shortness of breath, you have assessed for immediate life threats, performed a patient assessment, and considered the most serious conditions associated with the patient's condition. What is the next step in reaching a diagnosis?**
 - a. Develop a differential diagnosis.
 - b. Develop a heuristic.
 - c. Restate the chief complaint as the diagnosis.
 - d. Identify that you need further evaluation.
7. **Which of the following is essential when forming an EMS diagnosis?**
 - a. Advanced assessment skills
 - b. Lab results
 - c. Access to medical direction
 - d. Critical thinking
8. **Unlike traditional diagnosis in emergency situations, which of the following signs and symptoms must a clinician be aware of?**
 - a. Pertinent negatives
 - b. Differentials
 - c. Red flags
 - d. All of the above

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9. **While assessing a patient involved in a motor vehicle collision, the EMT must constantly consider which of the following?**
 - a. Scene safety
 - b. Nature of illness
 - c. Mechanism of injury
 - d. None of the above
10. **As you assess a patient found outside a local bar, a large crowd is gathering. While developing a diagnosis, some steps may need to be abbreviated or limited due to which of the following?**
 - a. Lack of resources
 - b. Scene assessment
 - c. Patient condition
 - d. All of the above
11. **Your 28-year-old male patient complains of shortness of breath. During your primary assessment, you notice the patient has cool, pale, sweaty skin, with cyanosis around the lips. What should you do next?**
 - a. Place the patient on oxygen.
 - b. Develop an EMT diagnosis.
 - c. Develop a treatment plan.
 - d. Continue your assessment.
12. **While developing a diagnosis, when should the EMT treat the life threats found in the primary assessment?**
 - a. When a threat is found
 - b. After the differential diagnosis
 - c. After the EMS diagnosis
 - d. At the end of the primary assessment
13. **Which of the following is one advantage of using heuristics?**
 - a. It provides a more accurate diagnosis.
 - b. It speeds up the process of diagnosis.
 - c. It allows you to treat the patient during diagnosis.
 - d. It slows the process of diagnosis.
14. **When using heuristics to help in the diagnostic process, you must avoid which of the following?**
 - a. Drawing conclusions
 - b. Quick diagnosis
 - c. Traps
 - d. Slow diagnosis
15. **"If it looks like a duck and quacks like a duck, it must be a duck—except when it isn't" is a way to summarize which of the following?**
 - a. Representativeness
 - b. Illusory correlation
 - c. Overconfidence
 - d. Confirmation
16. **As an EMT, you must possess this heuristic, but it can work against you just as easily. Which of the following BEST fits this statement?**
 - a. Anchoring and adjustment
 - b. Availability
 - c. Search satisfying
 - d. Overconfidence

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17. **Which of the following describes skepticism about one thing causing another?**
 - a. Availability
 - b. Illusory correlation
 - c. Representation
 - d. Confirmation bias
18. **Which of the following is a heuristic?**
 - a. Availability
 - b. Search satisfying
 - c. Illusory correlation
 - d. All of the above
19. **Expert clinicians may use different approaches of thinking through problems, but which of the following will they have in common?**
 - a. Knowledge that no one strategy works for everyone
 - b. Strong foundation of knowledge
 - c. Love of ambiguity
 - d. Organization of data in their head
20. **An analytical process that can help a person think through a problem in an organized and efficient manner is known as which of the following?**
 - a. Sequential thinking
 - b. Critical thinking
 - c. Organizational thinking
 - d. Efficient thinking
21. **A description of a patient's condition that assists a clinician in further evaluation and treatment is known as which of the following?**
 - a. Red flag
 - b. Critical thinking
 - c. Diagnosis
 - d. Clinical decision
22. **A list of potential diagnoses compiled early in the patient's assessment is known as which of the following?**
 - a. Emergency medical diagnosis
 - b. Assessment-based diagnosis
 - c. Differential diagnosis
 - d. Traditional diagnosis
23. **While assessing a patient with chest pain, you ask him to describe the pain in his chest and he responds by stating that it is a "tearing pain." Which of the following terms describes this discovery?**
 - a. Sign
 - b. Red flag
 - c. Clinical discovery
 - d. Symptom
24. **You and another EMT are discussing a call he previously ran. The EMT said the patient had classic chest pain symptoms and he treated it as a possible heart attack, but he later found out the patient just had indigestion and was discharged 2 hours later. The EMT was concerned that his patient assessment skills were not as good as they should be, and that the ED physician will no longer trust his judgment. How should you respond to his concerns?**
 - a. Tell him that his misdiagnosis is a common EMT mistake caused by illusionary correlation.
 - b. Tell him that his misdiagnosis is a result of anchoring.
 - c. Tell him that his misdiagnosis is a result of confirmation bias.
 - d. Tell him that his misdiagnosis is a result of limited information.

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25. **You and your paramedic partner respond to a respiratory distress call. It is a cold winter day and you find a 22-year-old female patient breathing fast. The patient states her car slid off the icy road and got tangled in the barbed wire fence. The only damage to the vehicle is scratches in the paint. You place a pulse oximeter on the patient and it reads low. The patient's vital signs are within normal limits otherwise, and she has no complaints other than being scared out of her wits. You decide to place the patient on oxygen but your paramedic partner stops you. He obtains a signed refusal of care from the patient and you return to service. You ask your field supervisor why your partner refused to treat a patient with a low pulse oximeter reading. What would be the supervisor's best answer?**
- The patient should have been treated and transported for hypoxia.
 - The low pulse oximeter reading was probably a false reading.
 - The paramedic has more experience and has a good "gut feeling" to tell when a patient is really sick.
 - Low pulse oximeter readings are normal for patients who are scared.
26. **You are on the scene in the bad part of town for an unresponsive 18-year-old type 1 diabetic patient. His mother states that he is very noncompliant with his diabetes management and goes unresponsive often due to low blood sugar. After performing the primary assessment, you believe that this is the most likely cause of his unresponsiveness. However, after taking a capillary glucose reading you are surprised to see that the patient's sugar level is normal. How will you now determine the field impression?**
- Recognize that the mother was lying to you. The patient is not diabetic and you now must assume that everything she told you is wrong.
 - You cannot make a correct diagnosis in the field because you cannot perform all the necessary tests with your limited scope of practice.
 - Recognize that the mother is probably trying to protect her son from jail. Tell her that it is critical that she tell you what drugs he actually took.
 - Continue patient care by getting a complete SAMPLE history and perform a complete secondary assessment.
27. **You are on the scene of a 16-year-old patient in respiratory distress. The patient has a history of asthma. After placing the patient on oxygen and performing the primary and secondary assessments, you are confident that the patient is indeed having an asthma attack. How can you be sure your field diagnosis is accurate?**
- Keep your EMT textbook with you on the ambulance and review it to confirm your diagnosis.
 - Ask your partner her opinion; if she also agrees that it is asthma, the diagnosis is correct.
 - Constantly reassess the patient to make sure you are correct.
 - Think of all possible causes of respiratory distress and rule them in or out as potential diagnoses based on your clinical findings.
28. **You are responding to an unresponsive 65-year-old male patient. The patient has snoring respirations, a scalp laceration, and an obvious fracture of the left ankle. What is the best initial course of action?**
- Bandage the scalp wound.
 - Perform a complete primary and secondary assessment to make sure you know exactly what is wrong before treating the patient.
 - Place an oral airway in the patient.
 - Splint the ankle to avoid lacerating any nerves or arteries.
29. **Which patient would most require an ALS intercept?**
- A 22-year-old skier with a very painful ankle fracture
 - A 70-year-old woman complaining of painful swelling in her feet
 - A 45-year-old patient complaining of heat cramps
 - An unresponsive 78-year-old nursing home patient

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30. **You respond to the scene of a 45-year-old male patient complaining of heartburn. He says it's just his acid reflux but his wife panicked and called 911 anyway. What information would lead you to suspect that something more serious is going on and that you need to think more critically?**
- The patient has a cardiac history.
 - The patient has a history of gastric reflux.
 - The patient is diaphoretic.
 - The patient is hypotensive.
31. **Which of the following conditions is the most life threatening?**
- A patient with a broken ankle
 - A patient responsive to verbal stimuli
 - A radial artery laceration
 - A patient with acute hypoglycemia
32. **You have a patient who is unresponsive on the floor. What is the best way to rule in or rule out trauma as a cause of the patient's unresponsiveness?**
- Examine the patient for signs of trauma.
 - Look for a Glasgow Coma Scale score that is less than 8.
 - Check the patient's blood sugar to rule out hypoglycemia.
 - Look for bystanders and ask them if they witnessed the incident.
33. **You are on the scene of a patient who is the victim of an assault. The scene is safe. You find a 22-year-old male patient responsive to painful stimuli only. His blood pressure is 180/80, pulse is 60, respirations are 12, and his oxygen saturation is 95 percent on room air. How would you classify this patient?**
- Stable. The patient does not have hypotension.
 - Unstable. The patient is hypertensive.
 - Stable. The patient's pulse, respirations, and oxygen saturation are within normal limits.
 - Unstable. The patient is responsive to painful stimuli only.

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Test Name: Mod 3 Critical thinking

1. a. Both know time is of the essence.
2. c. The EMT is concerned with the scene and personal safety.
3. a. critical thinking.
4. a. Narrow the list of causes
5. c. The EMT must rule in or out the most serious conditions associated with the patient's presentation.
6. a. Develop a differential diagnosis.
7. d. Critical thinking
8. c. Red flags
9. a. Scene safety
10. d. All of the above
11. a. Place the patient on oxygen.
12. a. When a threat is found
13. b. It speeds up the process of diagnosis.
14. b. Quick diagnosis
15. a. Representativeness
16. d. Overconfidence
17. b. Illusory correlation
18. d. All of the above
19. b. Strong foundation of knowledge
20. b. Critical thinking
21. c. Diagnosis
22. c. Differential diagnosis
23. b. Red flag
24. d. Tell him that his misdiagnosis is a result of limited information.
25. b. The low pulse oximeter reading was probably a false reading.
26. d. Continue patient care by getting a complete SAMPLE history and perform a complete secondary assessment.
27. d. Think of all possible causes of respiratory distress and rule them in or out as potential diagnoses based on your clinical findings.
28. c. Place an oral airway in the patient.
29. d. An unresponsive 78-year-old nursing home patient
30. d. The patient is hypotensive.
31. c. A radial artery laceration
32. d. Look for bystanders and ask them if they witnessed the incident.
33. d. Unstable. The patient is responsive to painful stimuli only.